



STATE OF MAINE  
STANDARD AGREEMENT COVER PAGE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS Agreement# \_\_\_\_\_  
Encumbrance # \_\_\_\_\_

Community Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program Name: \_\_\_\_\_

Service: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

DHHS District # \_\_\_\_\_ DHHS Region # \_\_\_\_\_

Employer ID#: \_\_\_\_\_  
Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

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FOR DEPARTMENT USE ONLY

Agreement Period

Type of Agreement

Effective Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Amended Effective Date: \_\_\_\_\_

Amended Termination Date: \_\_\_\_\_

☐ Contract-State Services

☐ Grant- Client Services

☐ New

☐ Renewal

☐ Amendment

☐ Budget Revision

CFDA #	ACCOUNT #	FY 2007 Encumbrance	FY 2008 Encumbrance	Agreement Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
TOTALS		\$	\$	\$

Agreement Routing: Agreement Administrator \_\_\_\_\_  
Purchased Service Manager \_\_\_\_\_

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